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23713 7590 02/05/2004

**GREENLEE WINNER AND SULLIVAN P C
5370 MANHATTAN CIRCLE
SUITE 201
BOULDER, CO 80303**

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B. Kroge Receipt No. EV 437338140 US
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B. Kroge (Signature)

4 May 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/081,885	02/20/2002	Stephen J. Kaufman	94-00	9945

TITLE OF INVENTION: DIAGNOSTICS, ASSAY METHODS AND AMELIORATION OF MUSCULAR DYSTROPHY SYMPTOMS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	05/05/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
HADDAD, MAHER M		1644	435-007100		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Greenlee Winner and
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2 _____

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(A) NAME OF ASSIGNEE

The Board of Trustees of the
University of Illinois

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Urbana, IL

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

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(Date)

Douglas Reg. 33,878

May 4, 2004

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05/06/2004 LWONDIM2 00000030 10081885

01 FC:2501	665.00 OP
02 FC:1504	300.00 OP
03 FC:8001	30.00 OP

TRANSMIT THIS FORM WITH FEE(S)



DATE OF NOTICE OF ALLOWANCE: February 5, 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : Customer No. 23713

Kaufman : Group Art Unit: 1644

Serial No.: 10/081,885 : Examiner: Maher M. HADDAD

Filed: February 20, 2002 : Confirmation No. 9945

For: DIAGNOSTICS, ASSAY METHODS
AND AMELIORATION OF
MUSCULAR DYSTROPHY

RESPONSE TO NOTICE OF ALLOWANCE AND ISSUE FEE DUE

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Sir:

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Check in the amount of \$995.00 (\$665.00 for the Utility issue fee; \$300.00 publication fee; and \$30.00 for 10 copies);
PTOL-85 (Issue Fee Transmittal form);

If the enclosed amount is incorrect, please charge any balance or credit any overpayment to Deposit Account No. 07-1969.

Respectfully submitted,


Donna M. Ferber
Reg. No. 33,878

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Attorney Docket No. 94-00
bmk: May 4, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as EXPRESS MAIL in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

6 May 2004 
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